

DYNAMIC INTERIORS, INC.

Hawaii Carpenters Trust Fund

2001

MONTH OF	CONTRIBUTION OWED	AMOUNT PAID	BALANCE	COMMENT
January '01	\$ 6,214.25	\$ 11,546.88	\$ (5,332.63)	KD Jt Ck#009890 dated 1/4/01
February '01	\$ 8,475.20	\$ 5,876.91	\$ (16,879.51)	KD Jt Ck#010028 dated 1/24/01
March '01	\$ 10,012.18	\$ -	\$ (14,281.22)	KD Jt Ck#010321 dated 2/27/01
April '01	\$ 2,907.08	\$ 6,214.25	\$ (16,991.56)	Dynamic Ck dated 2/27/01
		\$ 8,000.00	\$ (10,286.55)	ABS Jt Ck#6782, dated 4/28/01
		\$ 475.20	\$ (18,761.75)	Dynamic Ck#345, dated 4/28/01
		\$ 374.09	\$ (19,135.84)	
May '01	\$ 4,037.92	\$ 7,700.00	\$ (22,797.92)	KD Jt Ck#11301, dated 5/31/01
June '01	\$ 4,555.16	\$ -	\$ (18,242.76)	
July '01	\$ 9,142.57	\$ 2,907.08	\$ (12,007.27)	KD Jt Ck#011345 dated 7/11/01
August '01	\$ 6,823.00	\$ 1,000.00	\$ (6,184.27)	Dynamic Ck#579 dated 8/28/01
September '01	\$ 2,836.11	\$ 5,642.57	\$ (9,237.37)	Dynamic Ck#559 dated 8/14/01
		\$ 4,035.68	\$ (13,273.05)	Dynamic Ck#604 dated 9/5/01
		\$ 3,956.96	\$ (17,230.01)	RSI Jt Ck#42420 dated 9/5/01
		\$ 80.96	\$ (17,310.97)	ABS Jt Ck#9085 dated 9/30/01
October '01	\$ 1,526.92	\$ 1,016.15	\$ (16,800.20)	Dynamic Ck#687 dated 10/31/01
November '01	\$ 827.86	\$ -	\$ (20,835.88)	RSI Jt Ck#42420 dated 10/01/01
December '01	\$ 3,089.44	\$ 1,526.92	\$ (18,445.50)	Dynamic Ck#720 dated 12/3/01



HAWAII CARPENTERS JOINT TRUST FUNDS

HCTF ADMINISTRATIVE CORPORATION

1199 DILLINGHAM BOULEVARD, SUITE 200 / HONOLULU HAWAII 96817 PHONE (808) 841-7575 / NEIGHBOR ISLANDS 1(800) 634-8608 / FAX (808) 841-2900

EMPLOYERS MONTHLY REPORT TO TRUSTEES

BEFORE COMPLETING THIS FORM PLEASE READ INSTRUCTIONS ON REVERSE SIDE

EMPLOYEE CLASSIFICATION:

SHOULD YOU EMPLOY 1ST PERIOD APPRENTICES (%)? YOU MUST CLEARLY IDENTIFY THOSE EMPLOYEES BY PLACING AN ASTERISK (*) NEXT TO THEIR NAME IN THE APPROPRIATE COLUMN. 1ST PERIOD APPRENTICES (%) ARE ELIGIBLE FOR PAYMENT TO THE HAWAII CARPENTERS HEALTH & WELFARE FUND AND THE HAWAII CARPENTERS VACATION & HOLIDAY FUND ONLY FOR THE FIRST 1,000 HOURS WORKED.

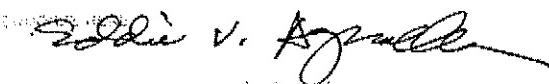
**TOTAL HOURS
THIS PAGE**

412

10 RECEIVE DATE:

Reports are due the following month and must be received at the bank or postmarked by the 25th (30th for Mill Cab., Lathers, Drywall) to avoid Liquidated Damages and Interest. Liquidated damages are calculated at 20% of contributions due each trust or \$20.00 per trust, whichever is greater. Interest is due at the maximum rates permitted by law and specified in the Trust Agreement of each trust. These rates vary and may approach or exceed 20% per annum.

KD CONSTRUCTION, INC.	
1015 PAPU STREET HONOLULU, HI 96818	BANK OF HAWAII Waikamilo Branch Honolulu, HI 96817
59-102 12/3	
009890	
Pay: *****Eleven thousand five hundred forty-six dollars and 88 cents	
DATE	AMOUNT
January 4, 2001	\$*****11,546.88
PAY TO THE ORDER OF Dynamic Interiors and Hawaii Carpenters J/T Fund 904 KOHO STREET, STE. #103 HONOLULU, HI 96819 <i>M. Melby, Owner</i>	
1000989010 1213010288 008000618891	
00011546881	



DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE
RESERVED FOR FINANCIAL INSTITUTION USE

FIRST HAWAIIAN BK
HONOLULU HAWAII
01-11-01
010197316 01-11-01 01 01000934
>121301015<

The security features listed above, as well as those not listed, exceed industry guidelines.	
24 hour electronic bank deposit machine	ATM's at convenience sites around the clock.
24 hour service	Automated teller machines are available 24 hours a day.
FEDERAL INSURANCE OF DEPOSITS	

121301015
121301025

KD CONSTRUCTION, INC.105 PAAPU STREET
HONOLULU, HI 96819BANK OF HAWAII
Waikiki Branch
Honolulu, HI 9681759-102
1218

010028

Pay: *****Eleven thousand five hundred-forty-six dollars and 88 cents

DATE	AMOUNT
January 24, 2001	\$*****11,546.88

PAY
TO THE
order
of

Dynamic Interiors
and Hawaii Carpenters Joint Trust
904 KOHOU STREET, SITE #103
HONOLULU, HI 96819



#010028# 0121301028# 00804061889#

10001154688#

DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE

RESERVED FOR FINANCIAL INSTITUTION USE

Bobby J. Fields

FIRST HAWAIIAN BK >121304045<
HONOLULU HAWAII 02-25-04
10149465 02-26-01 01 01000934
10149465 02-27-01 01 121301028

HAWAII CARPENTERS JOINT TRUST FUNDS

HCTF ADMINISTRATIVE CORPORATION

1199 DILLINGHAM BOULEVARD, SUITE 200 / HONOLULU HAWAII 96817 PHONE (808) 841-7575 / NEIGHBOR ISLANDS 1(800) 634-8608 / FAX (808) 841-2900

EMPLOYERS MONTHLY REPORT TO TRUSTEES BEFORE COMPLETING THIS FORM PLEASE READ INSTRUCTIONS ON REVERSE SIDE

THIS REPORT COVERS HOURS FOR THIS MONTH OF

ACCOUNT NUMBER

1 FEBRUARY, 2001

19041 DL

FEDERAL ID NUMBER

99-0353400

STATE LICENSE NUMBER

C19041

The undersigned, as the authorized representative of the signatory Contractor hereby agrees to comply with the wages, hours and working conditions of the collective bargaining agreement between Local 745 of the United Brotherhood of Carpenters and Joiners of America, AFL-CIO (hereinafter Union) and signatory contractor members of the General Contractors Labor Association and the Builders Labor Association, Hawaii Wall and Ceiling Industry Association, and independent contractors (hereinafter Contractor).

The Contractor hereby adopts and agrees to be bound by the trust agreements and amendments thereto of the (1) Hawaii Carpenters Health and Welfare Fund, (2) Hawaii Carpenters Apprenticeship and Training Fund, (3) Hawaii Carpenters Vacation & Holiday Fund, (4) Drywall Apprenticeship Training Fund, (5) Financial Security Fund, (6) Market Recovery Program, and rules and regulations adopted by the Trustees.

I hereby certify under penalty of perjury that the employees listed below constitute all the employees for who I am required to make payments to the various Trust Funds and that the hours shown for each employee are the total hours for which he worked or was paid.

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Dynamic Interiors

010321

DATE	INVOICE NO.	DESCRIPTION	INVOICE AMOUNT	DEDUCTION	BALANCE
20-01 99-0019-8	Repair BEQ		6529.90	652.99	5876.91

KD CONSTRUCTION, INC.
1015 PAAPU STREET
HONOLULU, HI 96819

BANK OF HAWAII
Waiakamilo Branch
Honolulu, HI 96817

59-102
1213

010321

Pay: *****Five thousand eight hundred seventy-six dollars and 91 cents

DATE	AMOUNT
February 27, 2001	\$*****5,876.91

PAY Dynamic Interiors
TO THE and Hawaii Carpenters Trust Fund
ORDER 904 KOHOU STREET, STE. #103
OF HONOLULU, HI 96819

Daniel B. Ains

20103210 012130 10281 0080 06 1889

USB FOR DBC, 2000

wrong year

HAWAII CARPENTERS JOINT TRUST FUNDS

HCTF ADMINISTRATIVE CORPORATION

1198 DILLINGHAM BOULEVARD, SUITE 200 / HONOLULU HAWAII 96817 PHONE (808) 841-7575 / NEIGHBOR ISLANDS 1(800) 634-8608 / FAX (808) 841-2900

00

EMPLOYERS MONTHLY REPORT TO TRUSTEES

BEFORE COMPLETING THIS FORM PLEASE READ INSTRUCTIONS ON REVERSE SIDE

THIS REPORT COVERS HOURS FOR THIS MONTH OF

ACCOUNT NUMBER

1 MARCH 2001

19041 DL

FEDERAL ID NUMBER

99-0353400

STATE LICENSE NUMBER

(19041)

The undersigned, as the authorized representative of the signatory Contractor hereby agrees to comply with the wages, hours and working conditions of the collective bargaining agreement between Local 745 of the United Brotherhood of Carpenters and Joiners of America, AFL-CIO (hereinafter Union) and signatory contractor members of the General Contractors Labor Association and the Builders' Labor Association, Hawaii Wall and Ceiling Industry Association, and independent contractors (hereinafter Contractor).

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I do hereby certify under penalty of perjury that the employees listed below constitute all the employees for who I am required to make payments to the various Trust Funds and that the hours shown for each employee are the total hours for which he worked or was paid.

[Signature] OFFICE Manager
DRYWALL/LATHERER

50% / 100%

SIGNED BY

TITLE

INT
00

IF THE ABOVE INFORMATION IS INCORRECT PLEASE INDICATE CHANGES

2 TOTAL
HOURS
WORKED

3 COMPUTATION OF CONTRIBUTIONS

A.	B. HEALTH & WELFARE	C. TRAINING & RETRAINING	D. VACATION & HOLIDAY	E. FINANCIAL SECURITY FUND	F. FINANCIAL SECURITY FUND	G. FINANCIAL SECURITY	H. MARKET RECOVERY
0.00	4.32	0.50	5.10	45% 4.55	5.72	5.50	.30
676	\$	\$	\$	\$	\$	\$	\$
Liquidated Damages	\$	\$	\$	\$	\$	\$	\$
DJU	\$	\$	\$	\$	\$	\$	\$
TOTAL DUE EACH TRUST	\$	\$ 283.10	\$ 3280.00	\$ 870.50	\$ 892.00	\$ 1042.78	\$ 1042.78

5 EMPLOYEE'S NAME
LAST NAME & 1ST INITIALAPPRENTICE
45% 50%

6

SOCIAL SECURITY
NUMBER

7

TOTAL
HOURS

8 APPPLICABLE PAYMENT
THIS REPORT SHOULD BE ACCOM-
PANIED BY ONE CHECK.
 $192 + 120 + 32 = 344 \text{ HR}$

168 Ric
512

MAIN BRANCH
FIRST HAWAIIAN BANK
TRUST GROUP
P.O. BOX 3708
HONOLULU, HAWAII 96811-9988

9 NO EMPLOYEES:
THIS REPORT MUST BE FILED EVEN
THOUGH NO EMPLOYEES WORKED
THIS MONTH.
PLEASE CHECK THE APPROPRIATE BOX.

NO EMPLOYEES WORKED THIS
MONTH. PLEASE CONTINUE
MAILING REPORT FORMS.

TRANSFER TO INACTIVE STATUS.
WE HAD NO EMPLOYEE TO
REPORT THIS MONTH AND DO
NOT ANTICIPATE HIRING ANY IN
THE NEAR FUTURE.

10 RECEIVE DATE:

Reports are due the following month
and must be received at the bank or
postmarked by the 25th (30th for
Liquidated Damages and interest).
Liquidated damages are calculated at
20% of contributions due each trust
or \$20.00 per trust, whichever is
greater. Interest is due at the
maximum rates permitted by law and
specified in the Trust Agreement of
each trust. These rates vary and
may approach or exceed 20% per
annum.

EMPLOYEE CLASSIFICATION:

TOTAL HOURS
THIS PAGE

654

JULD YOU EMPLOY 1ST PERIOD APPRENTICES (40%) YOU MUST CLEARLY IDENTIFY THOSE
EMPLOYEES BY PLACING AN asterisk (*) NEXT TO THEIR NAME IN THE APPROPRIATE
COLUMN. 1ST PERIOD APPRENTICES (40%) ARE ELIGIBLE FOR PAYMENT TO THE HAWAII
CARPENTERS HEALTH & WELFARE FUND AND THE HAWAII CARPENTERS VACATION & HOLIDAY
FUND ONLY FOR THE FIRST 1,000 HOURS WORKED.
SOCIAL SECURITY NUMBER MUST BE FILLED TO ASSURE PROPER CREDIT. FOR ADDITIONAL
INFO OR INFORMATION, PLEASE PHONE AND ASK FOR EMPLOYER CONTROL DEPARTMENT.

HAWAII CARPENTERS JOINT TRUST FUNDS

HCTF ADMINISTRATIVE CORPORATION

1199 DILLINGHAM BOULEVARD, SUITE 200 / HONOLULU HAWAII 96817 PHONE (808) 841-7575 / NEIGHBOR ISLANDS 1(800) 634-8E08 / FAX (808) 841-2200

EMPLOYERS MONTHLY REPORT TO TRUSTEES

BEFORE COMPLETING THIS FORM PLEASE READ INSTRUCTIONS ON REVERSE SIDE

THIS REPORT COVERS HOURS FOR THIS MONTH OF 1 APRIL, 2001		ACCOUNT NUMBER 19041 DL					
FEDERAL ID NUMBER		STATE LICENSE NUMBER					
EMPLOYER NAME AND ADDRESS DYNAMIC INTERIORS, INC. 904 KOHOU STREET, #103 HONOLULU, HI 96817							
DRYWALL/LATHERER 506 /100%							
IF THE ABOVE INFORMATION IS INCORRECT PLEASE INDICATE CHANGES							
2 TOTAL HOURS WORKED 201	3 COMPUTATION OF CONTRIBUTIONS						
	A. 0.00	B. HEALTH & WELFARE 4.32	C. TRAINING & RETRAINING 0.50	D. VACATION & HOLIDAY 5.00	E. FINANCIAL SECURITY FUND 45% 4.55	F. FINANCIAL SECURITY FUND 50% 4.92	G. FINANCIAL SECURITY 5.50
LIQUIDATED DAMAGES OR ADJUSTMENTS \$ 868.32	\$ 100.50	\$ 100.00	\$ 0	\$ 432.96	\$ 440.00	\$ 60.30	
TOTAL DUE EACH TRUST \$ 868.32	\$ 100.50	\$ 100.00	\$ 150.15	\$ 432.96	\$ 440.00	\$ 60.30	\$ 2907.70
5 EMPLOYEE'S NAME LAST NAME & 1ST INITIAL CABINAS, MARIO BERT	APPRENTICE 45% X	6 SOCIAL SECURITY NUMBER		7 TOTAL HOURS 80	8 APPLICABLE PAYMENT: THIS REPORT SHOULD BE ACCOMPANIED BY ONE CHECK.		
CALVENTAS, HAROLD ADO	50%	9 NO EMPLOYEES: THIS REPORT MUST BE FILED EVEN THOUGH NO EMPLOYEES WORKED THIS MONTH. PLEASE CHECK THE APPROPRIATE BOX.					
GRACIOS, Richard	X			89	10 RECEIVE DATE: Reports are due the following month and must be received at the bank or postmarked by the 25th (30th for Mill Cab, Lathers, Drywall) to avoid Liquidated Damages and interest. Liquidated damages are calculated at 20% of contributions due each trust or \$20.00 per trust, whichever is greater. Interest is due at the maximum rates permitted by law and specified in the Trust Agreement of each trust. These rates vary and may approach or exceed 20% per annum.		
CARPENTERS LOCAL 745 MAIN BRANCH FIRST HAWAIIAN BANK TRUST GROUP P.O. BOX 3708 HONOLULU, HAWAII 96811-9988 LOCAL 745 HAWAII							

EMPLOYEE CLASSIFICATION:

EMPLOYEE CLASSIFICATION:
SHOULD YOU EMPLOY 1ST PERIOD APPRENTICES (40%), YOU MUST CLEARLY IDENTIFY THOSE EMPLOYEES BY PLACING AN ASTERISK (*) NEXT TO THEIR NAME IN THE APPROPRIATE COLUMN. 1ST PERIOD APPRENTICES (40%) ARE ELIGIBLE FOR PAYMENT TO THE HAWAII CARPENTERS HEALTH & WELFARE FUND AND THE HAWAII CARPENTERS VACATION & HOLIDAY FUND ONLY FOR THE FIRST 1,000 HOURS WORKED.

FUND ONLY FOR THE FIRST 1,000 HOURS WORKED.
SOCIAL SECURITY NUMBER MUST BE FILLED TO ASSURE PROPER CREDIT. FOR ADDITIONAL
REPORTS OR INFORMATION, PLEASE PHONE AND ASK FOR EMPLOYER CONTROL DEPARTMENT

**TOTAL HOURS
THIS PAGE**

30

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INVOICE NO.	DESCRIPTION	INVOICE AMOUNT	DEDUCTION	BALANCE
3-20-01 99-0019-10	Repair BEQ	6904.72	690.47	6214.25
CHECK DATE 4-24-01	CHECK NUMBER 10739	TOTALS 6904.72	690.47	CHECK AMOUNT 6214.25

KD CONSTRUCTION, INC.
1015 PAAPU STREET
HONOLULU, HI 96819

BANK OF HAWAII
Waikamilo Branch
Honolulu, HI 96817

59-102
1213

010739

y: ***** Six thousand two hundred fourteen dollars and 25 cents

DATE	AMOUNT
April 24, 2001	\$*****6,214.25

Dynamic Interiors
and Hawaii Carpenters Joint Trust
904 KOHOU STREET, STE. #103
HONOLULU, HI 96819

Daniel G. Amig

010739 1213010281 0080 061889

CONSTRUCTION, INC.
Dynamic Interiors

INVOICE NO.	DESCRIPTION	INVOICE AMOUNT	DEDUCTION	BALANCE
01 99-0019-10	Repair BEQ	6904.72	690.47	6214.25

RAM CORPORATION
dba ALLIED BUILDERS SYSTEM
1717 Akahi Street Honolulu, Hawaii 96819
Ph. (808) 847-3763

KAPIOLANI BRANCH
FIRST HAWAIIAN BANK
HONOLULU, HAWAII

59-101
1213

VOID AFTER 90 DAYS

NO. 6782

***8,000 DOLLARS AND NO CENTS

DATE 11
04/24/01

CHECK NO.

PAYEE ID:
DYNAMIC

PAY
TO THE
ORDER
OF

- DYNAMIC INTERIORS
AND HAWAII CARPENTERS JOINT TRUST FUND
904 KOHOU STREET, SUITE #103
HONOLULU, HI 96817

PAY THIS AMOUNT
*****8, 000. 00

"006782" 112130 10151 65-176432

M CORPORATION dba ALLIED BUILDERS SYSTEM • 1717 Akabé Street



DYNAMIC INTERIORS, INC.

GENERAL ACCOUNT
904 KOHOU STREET, SUITE 103
HONOLULU, HAWAII 96817
PHONE: (808) 841-0215

PAY
AMOUNT
OF

*****Four Hundred Seventy-five and 20/100*****

EXPLANATION	AMOUNT

59-1771213

0345

DATE	TO THE ORDER OF	DESCRIPTION	CHECK NUMBER	DOLLARS
4/2/01	HI Carpenters Trust Fund	Fringes & Benefits 2/01	0325	\$ 475.20

For
Information
Reproduction
or
Display

HAWAII NATIONAL BANK
HAWAII
MAIN BRANCH
HONOLULU, HAWAII

THE REVERSE SIDE OF THIS DOCUMENT INCLUDES AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW.

10000345101213017720
1201011120
0000047520

Elaine V. Muller

Absence of endorsement by the maker of
this check is guaranteed and protected by
FIRST HAWAIIAN BANK
The payee's duly appointed agency
for deposit with
FIRST HAWAIIAN BANK ? 9 u
TRUST GROUP-ACCTG.
Account No. 01-000934

>121301015<

FIRST HAWAIIAN BANK
THE TRUST GROUP
HONOLULU, HAWAII

<121301015>

FIRST HAWAIIAN BK >121301015<
HONOLULU, HAWAII
0304183866 04-10-01 02 01000534
20018411 0304183866 04-10-01 02 01000534
TML * * PAID * * PAID * * PAID * *

Back of
Check # 345

011031

	INVOICE AMOUNT	DEDUCTION	BALANCE
4-20-01 99-0019-11 Repair BEQ	8555.56	855.56	7700.

CHECK DATE	CHECK NO.	TOTALS	CHECK AMOUNT
5-30-01	11031	8555.56	855.56 7700.

BANK OF HAWAII 59-102
Waikamilo Branch 1213
Honolulu, HI 96817

01103

KD CONSTRUCTION, INC.
1015 PAAPU STREET
HONOLULU, HI 96819

Pay: * * * * * Seven thousand seven hundred dollars and no cents.

DATE	AMOUNT
May 30, 2001	\$*****7,700.00

PAY
TO THE
ORDER
OF

Dynamic Interiors
and Hawaii Carpenters Joint Trust
904 KOHOU STREET, STE. #103
HONOLULU, HI 96819

011031 012130 102816 0080 061889

HAWAII CARPENTERS JOINT TRUST FUNDS

HCTF ADMINISTRATIVE CORPORATION

1199 DILLINGHAM BOULEVARD, SUITE 200 / HONOLULU HAWAII 96817 PHONE (808) 841-7576 / NEIGHBOR ISLANDS 1(800) 634-8608 / FAX (808) 841-2900

EMPLOYERS MONTHLY REPORT TO TRUSTEES

BEFORE COMPLETING THIS FORM PLEASE READ INSTRUCTIONS ON REVERSE SIDE

THIS REPORT COVERS HOURS FOR THIS MONTH OF 1 June, 2001	ACCOUNT NUMBER 19041 DL
FEDERAL I.D. NUMBER	STATE LICENSE NUMBER C19041

The undersigned, as the authorized representative of the signatory Contractor, herein agrees to comply with the wages, hours and working conditions of the collective bargaining agreement between Local 745 of the United Brotherhood of Carpenters and Joiners of America, AFL-CIO (hereinafter Union) and signatory Contractors, as members of the General Contractors Labor Association and the Builders' Labor Association, Hawaii Wall and Ceiling Industry Association, and independent contractors (hereinafter Contractor).

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I do hereby swear, under penalty of perjury that the employee(s) listed below comprising the employees for whom I am required to make payments to the various Trust Funds and that the hours shown for each employee are the total hours for which he worked or was paid.

SIGNED BY

TITLE

Opaznellos *Office Admin.*

IF THE ABOVE INFORMATION IS INCORRECT PLEASE INDICATE CHANGES

2 TOTAL HOURS WORKED	3 COMPUTATION OF CONTRIBUTIONS								4 NOTE: THIS REPORT IS ONLY FOR: <input type="checkbox"/> CARPENTERS <input type="checkbox"/> DRYWALL <input type="checkbox"/> CAB. SHOP <input type="checkbox"/> LATHERS (CHECK ONE)
	A. \$/HR	B. HEALTH & WELFARE 4.32 \$ 294	C. TRAINING & RETRAINING .50 \$.294	D. VACATION & HOLIDAY 5.00 \$ 294	E. FINANCIAL SECURITY 45% FUND 4.55 \$ 294	F. FINANCIAL SECURITY 50% FUND 4.92 \$ 64	G. FINANCIAL SECURITY 5.50 \$ 220	H. MARKET RECOVERY .30 \$ 294	
294	\$	\$	\$	\$	\$	\$	\$	\$	
Liquidated Damages or Adjustments	\$	\$	\$	\$	\$	\$	\$	\$	
TOTAL DUE EACH TRUST	\$	\$ 1270.00	\$ 147.00	\$ 1470.00	\$ 0	\$ 314.88	\$ 1647.00	\$ 88.20	\$ 1265.00

5 EMPLOYEE'S NAME LAST NAME & 1ST INITIAL CASINAS, BERT	APPRENTICE 45% 50%	6 SOCIAL SECURITY NUMBER 000-00-0000	7 TOTAL HOURS 97	8 APPLICABLE PAYMENT THIS REPORT SHOULD BE ACCOMPANIED BY ONE CHECK 4550
Mendoza, Michael		X	133	
Graellos, Richard			64	
LOCAL 745				
HAWAII				

EMPLOYEE CLASSIFICATION:

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TOTAL HOURS
THIS PAGE**294**

10 RECEIVE DATE:

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KD CONSTRUCTION, INC.
Dynamic Interiors

011345

DATE	INVOICE NO.	DESCRIPTION	INVOICE AMOUNT	DEDUCTION	BALANCE
5-20-01	99-0019-12	Repair BEQ	3230.09	323.01	2907.08
CHECK DATE	CHECK NUMBER	CHECK NO.	TOTALS		CHECK AMOUNT
7-09-01		11345	3230.09	323.01	2907.08

BANK OF HAWAII
Waiaakamilo Branch
Honolulu, HI 96817

59-102
1213

011345

KD CONSTRUCTION, INC.
1015 PAAPU STREET
HONOLULU, HI 96819

Pay: ***** Two thousand nine hundred seven dollars and 08 cents

DATE	AMOUNT
July 9, 2001	\$*****2,907.08

PAY
TO THE
ORDER
OF

Dynamic Interiors
and Hawaii Carpenters Joint Trust
904 KOHOU STREET, STE. #103
HONOLULU, HI 96819

011345 1213010280 0080061889

HAWAII CARPENTERS JOINT TRUST FUNDS

HCTF ADMINISTRATIVE CORPORATION

1199 DILLINGHAM BOULEVARD, SUITE 200 / HONOLULU HAWAII 96817 PHONE (808) 841-7575 / NEIGHBOR ISLANDS 1(800) 634-8608 / FAX (808) 841-2900

EMPLOYERS MONTHLY REPORT TO TRUSTEES

BEFORE COMPLETING THIS FORM PLEASE READ INSTRUCTIONS ON REVERSE SIDE.

THIS REPORT COVERS HOURS FOR THIS MONTH OF

August, 2001

ACCOUNT NUMBER

19041 DL

FEDERAL ID. NUMBER

STATE LICENSE NUMBER

The undersigned, as the authorized representative of the signatory Contractor herein agrees to comply with the wages, hours and working conditions of the collective bargaining agreement between Local 745 of the United Brotherhood of Carpenters and Joiners of America, AFL-CIO (hereinafter Union) and signatory contractor members of the General Contractors Labor Association and the Builders Labor Association, Hawaii Wall and Ceiling Industry Association, and independent contractors (hereinafter Contractor).

The Contractor hereby adopts and agrees to be bound by the trust agreements and amendments thereto of the (1) Hawaii Carpenters Health and Welfare Fund, (2) Hawaii Carpenters Apprenticeship and Training Fund, (3) Hawaii Carpenters Vacation & Holiday Fund, (4) Drywall Apprenticeship Training Fund, (5) Financial Security Fund, (6) Market Recovery Program, and rules and regulations adopted thereunder by the Trustees.

I do hereby certify under penalty of perjury that the employees listed below constitute all the employees for who I am required to make payments to the various Trust Funds and that the hours shown for each employee are the total hours for which he worked or was paid.

SIGNED BY

TITLE

THE ABOVE INFORMATION IS INCORRECT PLEASE INDICATE CHANGES

TOTAL HRS WORKED	3 COMPUTATION OF CONTRIBUTIONS								4 NOTE: THIS REPORT IS ONLY FOR: <input type="checkbox"/> CARPENTERS <input type="checkbox"/> DRYWALL <input type="checkbox"/> CAB. SHOP <input type="checkbox"/> ALLIED CRAFTS (CHECK ONE)
	A. \$/HR	B. HEALTH & WELFARE \$/HR	C. TRAINING & RETRAINING \$/HR	D. VACATION & HOLIDAY \$/HR	E. FINANCIAL SECURITY 45% FUND	F. FINANCIAL SECURITY 50% FUND	G. FINANCIAL SECURITY	H. MARKET RECOVERY \$/HR	
38	\$ 4.32	\$.50	\$ 5.00	\$ 4.55	\$ 4.92	\$ 5.50	\$.30		
	\$ 189.16	\$ 219.00	\$ 219.00	\$ 8	\$ 157.44	\$ 123.00	\$ 121.40		
Liquidated Images or JSTMENTS	\$	\$	\$	\$	\$	\$	\$		
TOTAL DUE TRUST	\$ 189.16	\$ 219.00	\$ 219.00	\$ 8	\$ 157.44	\$ 123.00	\$ 121.40	\$ 6822.00	

EMPLOYEE'S NAME LAST NAME & 1ST INITIAL	APPRENTICE 45%	APPRENTICE 50%	SOCIAL SECURITY NUMBER	TOTAL HOURS
ALARIO, NOKI				181-
AGUILAR, BENJAMIN				168
ALVAREZ, DAVID				56
IRABELLS, RICARDO	X			32

8 APPLICABLE PAYMENT:
THIS REPORT SHOULD BE ACCOM-
PANIED BY ONE CHECK.

MAIN BRANCH
FIRST HAWAIIAN BANK
TRUST GROUP
P.O. BOX 3708
HONOLULU, HAWAII 96811-9988

9 NO EMPLOYEES:
THIS REPORT MUST BE FILED EVEN
THOUGH NO EMPLOYEES WORKED
THIS MONTH.

PLEASE CHECK THE APPROPRIATE BOX.

NO EMPLOYEES WORKED THIS
MONTH. PLEASE CONTINUE
MAILING REPORT FORMS.

TRANSFER TO INACTIVE STATUS.
WE HAD NO EMPLOYEE TO
REPORT THIS MONTH AND DO
NOT ANTICIPATE HIRING ANY IN
THE NEAR FUTURE.

10 RECEIVE DATE:

Reports are due the following month
and must be received at the bank or
postmarked by the 25th (30th for
Mill Cab, Drywall.) to avoid Liquidated
Damages and interest. Liquidated
damages are calculated at

Ralph S. Tongue 9/18/2001

\$ 4,035.68